

## Pizcando Sueños/Harvesting Dreams

### The Voices of Mexican Migrant Women

by Fabiola del Castillo, Fran Ricardo and Robin Lewy of the Rural Women's Health Project  
Article Four in a Series of Five

#### "Working in the fields / La Labor"

*"Aquí he aprendido pues a verme por mi misma, por que son muchas cosas que tiene que hacer uno sola."*

"Here I have learned to see myself for what I am, because there are so many things that you have to do alone."

**K**ey to understanding the migration of Mexicans to the United States is their entrance into the U.S. work force. Farmworker families leave their home communities to come North with the hope of finding their dreams in the fields of the United States. For the farmworking women of *Pizcando Sueños*, the act of integrating themselves into the paid workforce brings with it its own unique characteristics.

The majority of *Pizcando Sueños* participants had never worked in their home communities except for tasks that correspond with roles common to rural women in Mexico, i.e. food preparation, sewing, embroidery, childcare and helping in the fields during the harvest time. For these jobs, women rarely receive personal remuneration; instead any money generated by their work is simply included in the family income.

The immigrant women's transition to the new role as "paid worker" brings with it diverse characteristics, some positive and others much more challenging. All of the women found the transition process to be the first blow that they experience.

*"Lo más difícil cuando llegué fue aprender a trabajar, porque cuando uno llega, pues, va y se presenta a trabajar y varios trabajos*



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*están difíciles hasta que a uno se acostumbra."*

"The most difficult thing when I came here was to learn how to work, because you show up for work and many of the jobs are difficult until you get used to them."

Family life is turned upside down and the female farmworker is emotionally stretched by leaving her children to be raised by others while she works in the fields.

*"Trabajar también se siente mal por que uno no esta todo el tiempo con sus hijos, usted no sabe qué están haciendo sus hijos y usted no sabe con quien se juntan sus hijos usted no sabe del peligro que pasan en la calle cuando vienen de regreso a la casa. No sé cómo ayudar a mis hijos, no encuentro la forma."*

"Working one feels bad because you can't spend time with you children. You don't know what your children are doing and you don't know who they are making friends with and you don't know the dangers they can run into on the street as they return home. I don't know how to help my kids. I can't find the way to do it."

*"Yo nunca los deajo solos [a mis hijos], cuando los tenía que dejar en el daycare mi nuera nada más trabajaba y se venía y los sacaba. Yo les dejaba el alterón de tortillas, el jarrón de frijoles o cualquier cosa que comieran..."*

"I never leave my kids alone. When I have to leave them in daycare my daughter-in-law picks them up right after she finishes work. I'd leave them a basket of tortillas, a pan of beans or whatever there was to eat..."

*"Cuando yo di a luz a mi niña nada más estuve 3 semanas y yo me fui a trabajar."*

"When I had my little girl, I was at home with her for no more than three weeks and then I went back to work."

*"Pos, aquí la mera verdad que cuando yo salgo (silencio) a trabajar yo ni pienso en mi familia, yo pienso en lo que voy a hacer, en lo que voy a ganar y en lo que lo voy a invertir, porque aquí así son las cosas..."*

"Well to tell you the truth, when I go to work (silence) I don't think of my family, I think about what I am going to do, how much I am going to earn, and how I am going to spend it, because that is how it is here..."

The farmworker woman's relationship with her spouse is affected by her new role as wife, mother and laborer. Her new income, her intense exhaustion and the continuation of her traditional roles affect the couple's interaction, and as stated by one farmworker women, de-feminizes her in the eyes of her man. She becomes more a source of income, than a wife.

*"Trabajando como hombres pues aquí perdemos ese crédito de ser femeninas, pues el trabajo en el campo es duro y llega el momento en el que a nuestros hombres se les olvidan que somos mujeres necesitadas de ser tratados como tal."*

"Working like men, well we lose the credit of being feminine. The work in the fields is hard and the moment comes when our men forget that we are women who need to be treated as such."

With the demands of the work, free time is a luxury of which few enjoy. To fit something else into the week, aside from work is a dream. Church, parties and studies are easily forgotten.

*"Me venía durmiendo como a la 1 de la mañana, y luego me levantaba a las 4 de la mañana para echarle el almuerzo de mi esposo, las chamacas se iban a la escuela...metía 80 horas en una semana. ¿Tú crees que tenía tiempo para ir a la escuela, ni una hora tenía para la escuela? No pude estudiar, mi mente no pudo."*

"I usually went to bed at 1:00am and then I get up at 4:00am to make my husband's lunch, get the kids ready for school...I racked up 80 hours in a week. Do you think that there is time to go to school? Not even an hour for school. My mind couldn't study, it couldn't."

The dangers found in the field are exacerbated by the other socio-emotional challenges faced by the female farmworker. Concerns about working while pregnant and exposure to pesticides were commonly cited.

*"Ya a medio día sientes que la espalda le hormiguea anda uno cansadísimo Cuando yo trabajaba embarazada ya cuando se terminaba yo me tiraba en el suelo sentía que se me estaba quebrando la cadera, la carga de la panza y la carga de la cubeta del chile sentía que ya no aguantaba."*

"By the middle of the day you feel tingling in your back and you are tired. When I worked while I was pregnant, when it was the end of the day I would throw myself on the ground and I felt like my back was broken, carrying the belly and the big bucket of chilis I felt like I couldn't go on."

*"El trabajo es bien duro por que el spray por que es lo más que le cae a uno, y cuando uno se quiere levantar ya no se puede levantar la cubeta, hay veces que amanezco bien adolorida de aquí ..."*

"The work is really difficult because of the spray, when it falls on you and you want to lift up the bucket, sometimes you can't do it, there are times when you get up in the morning with pain [in the palms of the hand] from holding on to the bucket."

*"Nos enfrentamos a enfermedades por el químico que ponen en las labores. Algunos sufrimos de ronchas en el cuerpo, dolores de cabeza, dolores de espalda y más peor, que no tenemos aseguranza médica..."*

"We confront illnesses from the chemicals that they apply in the fields. Some suffer from rashes on the body, others head aches, back aches and what is worse we have no health insurance..."

Work for these women is like a double-edged sword, one side is full of all the sharp negatives, but the other side has many important aspects that must not be overlooked. Self-worth and the realization of steps to a better life are amply celebrated. And to have earned their own money has motivated women to reflect on the value of money through the eyes of their learned experiences.

*"He aprendido a valerme más por mí misma, a buscarle más a mí misma para salir adelante. He aprendido a sacar de mí todo eso que estaba, yo creo, dormido"*

*¿verdad? Yo he tenido que agarrarme hasta de lo que no me gusta para salir adelante”.*

“I have learned to appreciate myself for what I am and to turn to myself to get ahead. I have learned to pull out of me all of this stuff that I think has been sleeping, right? I have had to do things I never thought I’d do, in order to get ahead.”

*“En la labor es bonito, allá andan todos los troques que con la gente grite y grite, con su música que la traen la troca bien recia que hasta ganas de bailar le dan uno”.*

“Working in the fields is nice, there you are with all the trucks and the people screaming and with the music blaring out of the trucks, it makes you want to dance.”

*“Es un aliviane más para que sepas valorarte por ti misma, por que el día de mañana o pasado no sabes el futuro que te espera entre tú y él, si se llegan a separar, tu tienes dinero. “*

“It is a relief because I know how to value myself because tomorrow, you doesn’t know the future that waits between you and he [husband]. If he up and leaves, you have money.”

*“Yo creo que todas las mujeres decimos que es algo bien lindo (ganar dinero) y más cuando le pagan a uno por semana, es bien bonito cada viernes recibir uno lo que uno se gana con su sudor .... Es un aliviane por que 4 semanas trae el mes por que 2 semanas de billes y dos de su dinero. Es algo para mi trabajar, es estar mejor para mi y para los niños”.*

“I think that all of the women say that it is something great (to earn money) and more so when they pay you weekly. Its something to receive your pay every Friday, its what you have won with your sweat... It is a relief because every month has four weeks, two for bills and two for your money. It is good for me to work, its better for me and my children.”

*“Cuando uno ve que la gente malgasta que es que no saben lo que cuesta. Yo así era, me compraba que esto caro, que lo otro caro, ahora ya no, ya sé como se gana el dinero”.*

“When one sees how people waste, they have no idea what it costs to get things. I was like that, I bought this that was expensive, and that which was expensive, but now, no. I now know what it is to earn money.”

*“Uuuu, yo siento que este trabajo que es casi como dicen la mitad de mi vida porque sin el dinero no sale uno adelante”.*

“Ugh, I feel like this work is like as they say, half of my life, because without the money, you can’t get ahead.”

*“Es bonito por que así me alcanza mandarles dinero a mis papás, pues es bonito por que así le podía comprar a mis hijos lo que ellos querían... yo sentía muy bonito poderles ayudar”.*

“Its nice because this way I have enough to send money to my parents, and its good that I can buy for my children the things that they want...I feel wonderful to be able to help them.”

*“Me gusta tener mi propio dinero, sin depender del marido y decir este dinero es mío y si me lo quiero gastar me lo gasto y si no lo tengo guardado. Pero aprende uno a cuidar el dinero que se suda”.*

“I like to have my own money, without having to depend on my husband and to say that this money is mine and if I want to spend it I spend it, and if not I can save it. But one learns to appreciate the money that has been sweated for.

To come to the U.S. implies that parents are searching for a better future for their children, a future not always easy to see within in their communities of origin. The parents work hard so that their children study and can aspire for better work. There exists a real concern that their chil-

dren don’t have to suffer the same problems that they have faced.

*“Mi hija dijo, ‘Mami yo cuando este grande yo no voy a trabajar en la labor yo voy a estudiar pa’ yo agarrar una carrera y yo trabajar en un trabajo que no sea la labor dice porque en el trabajo de la labor te matas bien mucho. No mami no creas que yo voy a trabajar en esos trabajos, yo voy a estudiar pa’ sacar adelante.”*

My daughter said, “Mommy, when I am older I don’t want to work in the fields. I am going to study to get a career and I am going to work in a job that isn’t the fields because it kills you. No mommy, don’t you think that I am going to work in those jobs. I am going to study to get ahead.

The massive agricultural complex in the U.S. doesn’t offer the opportunity to this population to have a relationship between the land and its fruits. The relationship in which the land is conceived as the mother and the fruits as gifts from her has been destroyed by the system in which farm-workers work. As immigrant women lose their relationship with the mother-land they also have to reconstruct their role as mother, wife, and breadwinner. The women of *Pizcando Sueños* work constantly to recapture their old relationship in which they can enjoy the fruits of their labor as they move forward in harvesting their dreams.

*Pizcando Sueños* is a project of Fabiola del Castillo and Fran Ricardo and Robin Lewy of the Rural Women’s Health Project. For more information about the *Pizcando Sueños* project, or to read other articles in this series, please check our web site at: [www.rwhp.org/pizcando](http://www.rwhp.org/pizcando)

## **Are you planning research?**

Remember that MCN has an Institutional Review Board that can help you review your project to be sure that it meets human subject protection standards specifically relating to the migrant population.

For more information, please see our web site,

[http://www.migrantclinician.org/programs/research/irb\\_home.html](http://www.migrantclinician.org/programs/research/irb_home.html)

# Ensuring Continuity of Care for Mobile Populations

**T**BNet is a comprehensive tracking and referral network that helps provide continuity of care for mobile populations with active tuberculosis or latent TB infection. We specialize in assisting patients who, during the course of their treatment, move within and outside Texas. Although designed with migrant farmworkers in mind, TBNet can be a useful tool in the treatment of other migrant populations such as prison parolees, homeless persons, and recent immigrants. And the service is provided at no cost to clinicians or patients.

How does TBNet work? We provide a central storehouse of patient medical information that is kept confidential. Our toll-free phone number is operated by expert, bilingual, culturally-competent staff who

offer resource and referral information for patients and clinicians. An innovative component of the TBNet system is the portable record that is supplied to patients. About the size of a credit card, this bilingual record contains tuberculosis treatment information including clinics and caregivers patients have seen, smear and culture results, and a weekly drug-o-gram.

## Who does TBNet benefit?

TBNet helps clinicians by letting them know the treatment outcomes of mobile patients after they have left their care, and helping to ensure that patients continue/complete care. TBNet helps patients by empowering them to take an active role in treatment and providing information and referrals to patients who

do not know of resources in a new area.

If you work with a mobile population and think TBNet could be useful to you or your clinic, contact Jeanne Laswell or Lindsey Stuart. We provide many resources and technical assistance as well as a free systems manual detailing how to implement TBNet.

## Migrant Clinicians Network-TBNet Staff

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# Family Violence Prevention Program Expands!

**M**CN is excited to continue an innovative family violence prevention program for migrant families. The program, funded by the Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Family Violence Prevention and Services Program, enables migrant men and women to become advocates on family violence issues while focusing on the primary prevention of family violence. Advocates lead a series of workshops for couples developed by Women's Crisis Support-Defensa de Mujeres, a family violence crisis agency in Watsonville, California, entitled Healthy Families/Familias Saludables. The workshops address topics such as cultural knowledge and pride, communication within the family, family well being, preventing teen dating violence, and preventing domestic violence in the family. During the first year of the program, participants in the Advocate's workshops showed a significant increase in knowledge of family violence, knowledge of resources in the community for family violence, and knowledge of ways of preventing family violence after attending the workshops. Workshops are planned for communities in Ohio and Texas this spring. For infor-

mation on MCN's Family Violence Program, contact Stephanie Freedman at [sfreedman@migrantclinician.org](mailto:sfreedman@migrantclinician.org) or Cesar Alvarado at [calvarado@migrantclinician.org](mailto:calvarado@migrantclinician.org).

For information on how to order the Healthy Families curriculum, contact Toucan Ed at 1 (888) 386-8226.

## ONLINE PESTICIDE DIAGNOSIS: SOON TO BE JUST A CLICK AWAY

Clinicians face many obstacles and uncertainties when dealing with the recognition and management of pesticide poisonings. They typically have limited access to information that can help identify which pesticides the patient may have been exposed to and what the treatment protocols are. Adding to the diagnosis complexity, pesticide poisoning symptoms often mimic other illnesses.

The Pesticide Action Network North America has developed a new online database designed to illuminate and expedite the diagnosis and reporting process for pesticide-related illness. In using this tool, healthcare professionals can search by symptoms, crops, geographical location, and pesticide (including insecticides, rodenticides, and herbicides). The database also provides first aid and treatment related information and directly links users to pesticide reporting contact numbers within each state.

To learn more about this new tool and participate in a pilot testing workshop, attend the "Technology and Diagnosis: A Pesticide Database Intensive," **Wednesday, May 14, 2003 in Spokane, WA** from 2:00 – 5:00 p.m. This session is part of the Northwest Regional Primary Care Association's Spring Primary Care Conference, May 14-18, 2003. *Session cost is only \$90. Pre-registration is required. For additional conference details visit [www.nwrpca.org](http://www.nwrpca.org), or call 206-783-3004.*

# News Briefs...

**New Research on Errors in Medical Interpretation and their Clinical Consequences.** The January, 2003 issue of the journal *Pediatrics* (Vol. 111 No. 1), includes a study by Glenn Flores, MD, et al which examines pediatric encounters in a hospital outpatient clinic in which a Spanish interpreter was used. The researchers audiotaped and transcribed the encounters and then categorized any errors in medical interpretation as well as whether or not the errors had any clinical implications. They found that each medical encounter they observed had an average of 31 errors in medical interpretation. The most common error was omission of information. They further concluded that most of the errors had clinical consequences and that omissions by ad hoc interpreters were most likely to have significant clinical consequences.

**Report Highlights Trends in Environmental Factors Related to Children's Health.** America's Children and the Environment: Measures of Contaminants, Body Burdens, and Illnesses is the Environmental Protection Agency's second report on trends in environmental factors related to the health and well-being of children in the United States. Drawing on information from various sources, the report shows trends in environmental contaminant levels in air, water, food, and soil; concentrations of contaminants measured in the bodies of children and women; and childhood illnesses that may be influenced by exposure to environmental con-

taminants. The report can guide efforts to minimize the impact of environmental contaminants on children and to inform discussions among policymakers and the public about how to improve federal data. The full report is available at <http://www.epa.gov/envirohealth/children>.

**Occupational and Environmental Medicine Opportunity.** Duke University Medical Center announces its fourth annual certificate program in Occupational and Environmental Medicine for PAs, NPs, and physicians, to be held October 5-10, 2003. This on-campus program offers CME and graduate credit. Total costs are \$2750, which includes tuition, private accommodations at the R. David Thomas Executive Conference Center, and all meals. Complete information and a registration form are available on the web at: <http://pa.mc.duke.edu/oem.asp>

**Su Familia, National Hispanic Health Helpline.** HHS Secretary Tommy G. Thompson has announced the creation of the "Su Familia" National Hispanic Family Health Helpline (866-783-2645 /866-SU-FAMILIA). Su Familia will help Hispanic families get basic health information to help them prevent and manage chronic conditions, and refer them to local health providers and federally supported programs including the State Children's Health Insurance Program (CHIP). Su Familia bilingual information specialists refer callers to one of over 16,000 local

health providers, including community and migrant health centers, just by providing the callers' zip code. The toll-free helpline is open Monday through Friday, 9 a.m. to 6 p.m. Eastern Time.

**Pesticide and Lead Resource for Clinicians.** U.S. EPA, Region 5 has recently developed a template "newsletter" on pesticide exposure and lead poisoning for migrant clinicians. This resource serves as a "prompter" for clinicians to integrate assessment and prevention of these exposures into clinical practice. The "newsletter" is a template that can be downloaded and edited for use by any migrant health organization interested in tailoring their own newsletter or clinical bulletin. Organizations should feel free to add pertinent local information and their own clinic contact information. As this is only a template, organizations need not request any additional permission from U.S. EPA to use the information in their own publications. You may download the template from MCN's website (<http://www.migrantclinician.org/programs/environment/envtools.html>). If you choose to use the template, U.S. EPA would greatly appreciate any feedback on how it worked. Please contact:

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## CALENDAR

### National Farmworker Health Conference

May 1-3, 2003  
Phoenix, AZ  
NACHC  
(202) 659-8008  
[www.nachc.org](http://www.nachc.org)

### 2003 NWRPCA Spring Primary Care Conference

May 16-18, 2003  
Spokane, WA  
Northwest Regional Primary Care Association  
206-783-3004  
[www.nwrpca.org](http://www.nwrpca.org)

### Annual Rural Minority Health Conference and 27th Annual Conference

National Rural Health Association  
May 25-28, 2003  
San Diego, CA  
816-756-3140  
<http://www.nrharural.org/>

### National Health Care for the Homeless Conference

May 29-31, 2003  
Washington, DC  
1-888-439-3300  
[hch@prainc.com](mailto:hch@prainc.com)

### 48th Annual Meeting American College of Nurse Midwives

May 30-June 5, 2003  
Palm Desert, CA  
760-341-2211  
<http://www.midwife.org/meeting/>

### National Conference on Asthma

"Meeting the Challenge of Healthy People 2010: Preventing and Controlling Asthma"  
June 19-21, 2003  
Washington, DC  
Catherine Porterfield at 202-973-8679  
<http://www.asthma2003.net/about.asp>

### 2nd Annual Conference

Challenges in Agricultural Health and Safety  
September 7-9, 2003  
San Francisco, CA  
530-752-5253  
<http://agcenter.ucdavis.edu>

### 17th Annual California Conference on Childhood Injury Control

September 22-24, 2003  
Los Angeles, CA  
Center for Injury Prevention, Policy and Practice  
619-594-3691  
[www.cipp.org](http://www.cipp.org)

### 16th Annual East Coast Migrant Stream Forum

October 23-26, 2003  
Tarrytown, NY  
North Carolina Primary Care Association  
919-469-5701  
[www.ncphca.org](http://www.ncphca.org)



## Migrant Clinicians Network

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# Distance Learning Corner

**I**t seems that every day there are more and more distance learning opportunities available for clinicians. The sheer number of offerings can be overwhelming at times. In an effort to minimize the confusion, MCN has begun to review and evaluate distance learning opportunities for their quality and relevance for clinicians working with migrant farmworkers. Our website will soon begin to feature certain distance learning opportunities and every month in Streamline we will include a few offerings that seem particularly pertinent.

### **New Web-Based Medical Journal with Patient Safety Case Studies**

The Agency for Healthcare Research and Quality has launched a monthly peer-reviewed, Web-based medical journal that showcases patient safety lessons drawn from actual cases of medical errors. Called AHRQ WebM&M, the Web-based journal (<http://webmm.ahrq.gov>) was developed to educate health care providers about medical errors in a blame-free environment.

Every month, five interesting cases of medical errors and patient safety problems will be posted along with commentaries from experts and a forum for readers' comments. Each month, one of these five cases will be expanded into an interactive learning module featuring readers' polls, quizzes, and other multimedia elements and offering continuing medical education credits.

### **On-Line Grant Writing Tutorial**

A grant-writing tutorial, geared primarily toward beginner proposal writers, is now available on the National Minority AIDS Council web site. The tutorial, which was developed as part of NMAC's cooperative agreement with the Health Resources and Services Administration HIV/AIDS Bureau contains information for responding to requests for grant proposals for HIV-related services. It includes information on prevention, early intervention, primary care and related support services such as case management, substance-abuse treat-

ment and counseling, and mental health services. Though the tutorial is geared toward beginners, experienced proposal writers will also find it of value. For example, the case studies and self-assessment tool are helpful for anyone charged with the task of preparing grant proposals, regardless of his or her experience. To register for access to the tutorial, go to [http://www.nmac.org/tech\\_assistance/Grant\\_Modules/grant\\_welcome.asp](http://www.nmac.org/tech_assistance/Grant_Modules/grant_welcome.asp). Registration is free.

### **New CME in Adult Immunizations**

WebMD is offering a new CME course in adult immunizations. The offering entitled "Adult Immunizations: A Review of Current Recommendations" includes: Tetanus-Diphtheria, Influenza, Pneumococcal Disease, Hepatitis B, Hepatitis A, Measles, Mumps, Rubella, Varicella, Meningococcal Disease, and Achieving Adult Immunization Goals. Go to <http://www.medscape.com/viewprogram/2237> for this offering.